BK 0358PG 0699

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between THOMAS E.

WOELFLE, a single man, who acquired title as joint tenants with full rights of survivorship and not

as tenants in common with Doris F. Woelfle, who passed away on October 24, 1997, a copy of the

death certificate is attached as Exhibit "B" to this Deed, Grantor, and JEFFREY L. RIGGS and

PEGGY J. RIGGS, husband and wife, Grantees,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00),

cash in hand paid by the Grantees to the Grantor, and other good and valuable considerations, the

receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain,

sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety

with full right of survivorship and not as tenants in common, the following described property,

together with the improvements, hereditaments and appurtenances thereunto belonging, located in

the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

SEE EXHIBIT "A"

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever,

and free from all liens and encumbrances except for the following exceptions:

Taxes and assessments for the current year and subsequent years, which are not yet 1)

due and payable.

STATE HS.-DESOTO CO. A

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BK 358, PG (099)

c:\property\wd

- Zoning and/or other land use regulations promulgated by federal, state or local 2) governments affecting the use or occupancy of the subject property.
- Any and all matters which would be disclosed by an accurate survey of current date 3) and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 27th day of August, 1999.

STATE OF MISSISSIPPI **COUNTY OF DESOTO**

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, THOMAS E. WOELFLE, a single man, who acknowledged that he/she signed, mentione, mentione signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein

EN under my hand and official seal on this the 27th day of August, 1999.

My Commission Expires

ADDRESS OF GRANTEES: 2746 PLEASANT HILL ROAD

NESBIT, MISSISSIPPI 38651

Home:601\280-3080

Work: 347-2393

PREPARED BY AND RETURN TO: HOLCOMB DUNBAR, P.A.

P.O. BOX 190

SOUTHAVEN, MS 38671-0190

(601) 349-0664

FILE# 899636/STD

EXHIBIT "A"

Commencing at the commonly accepted southwest corner of the northeast quarter of Section 28, Township 2 South, Range 7 West, Desoto County, Mississippi (cotton spindle found); thence North 89° 25' 51" East, a distance of 873.14 feet to the centerline of Pleasant Hill road (60' right of way); thence North 0° 02' 19" East, a distance of 30.00 feet to the north line of said road (1.5" pipe found 8.50' south of comer) being the POINT OF BEGINNING; thence North 0° 02' 19" East, a distance of 173.83 feet to a fence corner post, thence North 89° 47' 22" East, a distance of 327.44 feet to a fence corner post; thence South 0° 02' 19" West, a distance of 175.85 feet to a 1/2" rebar set on the north line of said road; thence North 89° 51' 29" West along said right of way, a distance of 327.43 feet to the POINT OF BEGINNING, said described tract containing 1.31 Acres, more or less.



MISSISSIPPI STATE DEPARTMENT OF HEALTHBK 0358PG 0702 VITAL RECORDS

TATE OF MISSISSIPPING



CERTIFICATE OF DEATH STATE FILE TYPE OR PRINT NOV 3 3 1997 STATE OF MISSISSIPFT

2 SEX NUMBER DATE WITH BLACK INK 3a HOUR OF DEATH 3b DATE OF DEATH (Month, Day, Year) 1 NAME DECEASED 2:30Pm OCTOBER 24,1997 FEMALE WOELFLE FAY DORIS 5a AGE AT LAST ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 6 DATE OF BIRTH (Month, Day Year) 7a COUNTY OF DEATH BIRTHOAY 5b MOS 5c DAYS 5n HOURS 5e MINS MARCH 21,1944 DESOTO 4 RACE (Specify White Black. American Indian, etc.) WRITE

75 CITY OF TOWN OF DEATH

75 CITY OF TOWN OF DEATH

75 CITY OF TOWN OF DEATH

76 MOSPITAL OF OTHER INSTITUTION NAME AND NUMBER (IT not by either give street address route number of other occarron)

8 SOUTHAVEN

8 STATE OF BIRTH

77 MOSPITAL OF OTHER INSTITUTION NAME AND NUMBER (IT not by either give street address route number of other occarron)

9 DECEDENT'S EDUCATION

8 SPATTS'T HOSPITAL DESOTO

10 MARRIED NEVER MARRIED, IT SURVIVING SPOUSE II wile, give 12 WAS DECEASED E/ER IN maden name! THOMAS

(Specify only highest grade completed)

(Clay 12 54)

10 ORIGIN OR DESCENT ISpecify Cuban.

11 SOCIAL SECURITY NUMBER

12 SOCIAL SECURITY NUMBER

13 ORIGIN OR DESCENT ISpecify Cuban.

14 SOCIAL SECURITY NUMBER

15 USUAL OCCUPATION (Kind of work doing 15b KIND OF BUSINESS OR INDUSTRY number and working life)

CLERK

ENTERGY ELECTRIC CO. WHITE death occurred to an institution, see HANDBOOK, regarding completion of RESIDENCE items 16c CITY OF TOWN AMERICAN 16d INSIDE CITY LIMITS, 16e STREET AND NUMBER OR RURAL LOCATION (Specify Yes or No) 2746 PLEASANT HILL ROAD For RESIDENCE Hems TER RESIDENCE- STATE TEN COUNTY enter patual location DESOTO MISSISSIPPI nailing address TO MOTHER HAVE HE PAINEH -- NAME PARENTS MYRTLE McGOWAN REDMON McMULLEN AUBREY 19b MAILING ADDRESS (Street and number or route and box number. City or town, State ZIP code) 19a INFORMANT-NAME (Type or print) INFORMANT 2746 PLEASANT HILL RD., NESBIT, MS. 38651 THOMAS E. WOELFLE 21a EMBALMER-SIGNATURE AND NUMBER 200 BURIAL CREMATION 206 CEMETERS CREMATORY NAME REMOVAL (Specify) MUNFORD, I'N. DISPOSITION -HELEN CRIGGER CEM. BURIAL 21c MAILING ADDRESS (Street and number or route and box number City or town, Stale ZIP code) 216 FUNERAL HOME - NAME AND MISSISS PET 1 D. NUMBER P.O. DRAWER M., MUNFORD, TN. 38058 MUNFORD FUNERAL HOME TN 0125 226 PRONOUNCED DEAD (Month, Day, Year) 22c PRONOUNCED DEAD (Hous : 00P m 228 PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or profit PRONOUNCEMENT ON 10/24/1997 Bill W. Baldwin, ICME I route and box number, City or town. State. ZIP code! 1200 MAILING ADDRESS (Street and number 23a CERTIFIER- NAME :Type or prints This and manner as stated and occurred due to the cause(s)

24a To the prist of my knowledge deam occurred due to the cause(s)

This and manner as stated section

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AND to be competer by: 24b DATE SIGNED (Month Day Year) 24c STATE LICENSE NUMBER

Period by: 24f THLE

THOIL AND THE CONTROL OF ATTENDRICH TO THE CONTROL OF THE CONTROL OF THE CONTROL OF CERTIFIER 4942 Pounders Rd. Nesbit, Ms. 38651 240 On the basis of examination and/or purestigation in recurred due to the daustrial and manner as gated SIGNATURE SIGNATURE LOS SIGNATURES LOS SIGNATURE my opinion death section SIGNATURE Mississippi State Board of Health Form No. 511 240 DATE SIGNED (Month Day Year) 1246 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 10/31/1997 Interval between onset and death MANAEDIATE CAUSE (Enter of a cause only) CAUSE OF DEATH 25. PART 1. 05.41H CAUGET. BY: Interval between ariset and death DUE TO OR AS A CONSEQUENCE OF Enter one cause only) Conditions, if any which gave rise to immediate cause Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) 27 AUTOPSY 28 WAS CASE REFERRED TO MEDICAL EXAMINER? 26 PART II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to ceath but not resulting in the underlying cause given in PART I Use if 293 ACCIDENT SUICIDE HOMICIDE PENDING 295 DATE OF INJURY 296 HOUR OF INJURY 296 DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED (Month Da., Year) INCL. (Specify) due to adultate the INJURY AT WORK 291 PLACE OF TIJURY (Specify Honie Farm, Street 299, LOCATION Factory Cifice building 9tc.)

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

. E. Thompson gr. MD F. E. Thompson, Jr., M.D., M.P.H.

STATE HEALTH OFFICER

NOV 17 97

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS WARNING: EMBOSSED SEAL OF THE MISSISSIPPLISTATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTEREST THIS DOCUMENT.

STATE REGISTRAR

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